

United States District Court

4-19-004

CLERK'S OFFICE

Rosalie De Rosa

Alice V Security

I am filing against Alice Security Co
for Handicap Discrimination Stalking
and Harassing me. When I am in South
Station The Security sends over to my
table Street People to Harass me
They are drunk The Manager of the
Building he would not tell me his
name. Security calls the MBTA
on me and lies about me. I have
to tell the truth to MBTA and They
understand. The Security lets Street
People stay all the time they eat
sleep and drink all the time they
don't pay one cent for anything The
Sleep all day long If I close my
eyes The Manager comes over to
and Bangs on my table

but I see people sleeping and the
manager never says anything to
them. I have taken pictures of
them sleeping I spend money for
tickets and food And the Street
People pay nothing for food or
tickets They take off there cloths
& wash there hair Takes wash cloth
and wash feet and then face
they drink & smoke
in Bathroom &
Security knows it

Rosalie De Rosa
PO Box 684
Westwood Mass
02090

59-18-78
ST. JOSEPH HOSPITAL
MEDICAL RECORDS DEPARTMENT
360 BROADWAY
P.O. BOX 403
BANGOR, MAINE 04402-0403
Telephone # 207-262-1377
Fax # 207-262-1916

DATE SENT: 7.18.02

NAME OF SENDER: Christine

NUMBER OF PAGES (INCLUDING THIS COVER PAGE): 6

PLEASE DELIVER TO:

NAME: Rosalie De Rosa

DEPARTMENT:

FAX #: 781-890-1901

SPECIAL INSTRUCTIONS:

NOTE:

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE TO THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT, RESPONSIBLE FOR DELIVERING THIS INFORMATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENT OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED.

IF YOU HAVE RECEIVED THIS COPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE TO ARRANGE FOR RETURN OF THE ORIGINAL DOCUMENTS TO US.

WE WOULD APPRECIATED A RETURN CALL LETTING US KNOW THAT THIS FACSIMILE HAS BEEN RECEIVED. THANK YOU.

PAGE: 1 RADIOLOGY INFORMATION SYSTEM RARL325
RUN TIME: 8:40:45 RUN DATE 04/01/2002

ST JOSEPH HOSPITAL
360 BROADWAY
BANGOR, MAINE 04401

APR 02 19 P 3:57

DEPARTMENT OF MEDICAL IMAGING

PATIENT: DE ROSA, ROSALIE

ROOM: *EMR

PO BOX 684
WESTWOOD, MA 02090
PHONE: (000)
PRIMARLIABILITY S/P

DATE SCHEDULED 03/30/2002
ATTEND PHYS: MICHAEL J LESCORD MD
REF PHYS: *UNKNOWN
ACCT #: 108118993

59-18-78

MR#
SEQ#: 1

D007/26/1935

GUAR: DE ROSA, ROSALIE
EXAM: CHEST PA & LATERAL
RSN FOR EX: RM 14 CXR DUE TO PAIN

REPORT FOR RADIOLOGY CONSULTATION

Chest two views 71020

Comparison: None

Technique: PA and lateral chest x-ray.

FINDINGS:

Cardiac and mediastinal silhouettes are within normal limits.

The lungs are clear. There are no diffuse or focal infiltrates. Soft tissues and bony structures are unremarkable.

IMPRESSION:

Clear chest x-ray.

DOD: 3-31-02 11:32 A.M. #193147 CODE: N

TRANSCRIBED: 4/01/2002 8:00 BY JUNE COMMEAU STAF STATUS: V

READING RADIOLOGIST Benjamin Bamford, M.D. VERIFIED BY: Steven Hintz, M.D.

PAGE: 1 RADIOLOGY INFORMATION SYSTEM RARL325
RUN TIME: 8:40:45 RUN DATE 04/01/2002

ST JOSEPH HOSPITAL
360 BROADWAY
BANGOR, MAINE 04401

03/30/02 19 P 3:57

DEPARTMENT OF MEDICAL IMAGING

PATIENT: DE ROSA, ROSALIE

ROOM: *EMR

PO BOX 684
WESTWOOD, MA 02090
PHONE: (000)
PRIMARLIABILITY S/P

DATE SCHEDULED 03/30/2002
ATTEND PHYS: MICHAEL J LESCORD MD
REF PHYS: *UNKNOWN
ACCT #: 108118993

59-18-78

MR#
SEQ#: 2

0007/26/1935

GUAR: DE ROSA, ROSALIE

EXAM: HUMERUS

RSN FOR EX: RM 14 LT UPPER ARM DUE TO PAIN

REPORT FOR RADIOLOGY CONSULTATION

Left humerus- 73060

Comparison: None

Technique: Left humerus- two views

FINDINGS:

Left humerus is unremarkable. There is no evidence of fracture or dislocation. No bony destructive or periosteal reaction is identified. Left shoulder is grossly normal as is the left elbow.

IMPRESSION:

Negative left humerus.

DOD: 3-31-02 1132 hours #193147 CODE: N

TRANSCRIBED: 4/01/2002 8:06 BY JUNE COMMEAU STAF STATUS: V

READING RADIOLOGIST Benjamin Bamford, M.D. VERIFIED BY: Steven Hintz, M.D.

Emergency Department

ST. JOSEPH HOSPITAL
(Conducted by the Felician Sisters)
360 Broadway
Bangor, Maine 04401

2004 APR 19 P 3:07

108118993
03/30/2002
108118993

EMERGENCY DEPARTMENT NOTE

PATIENT'S NAME: DE ROSA, ROSALIE
DATE OF BIRTH:

MR #: 59-18-78

ACCT#: 108118993

ADMISSION DATE: 03/30/2002

ED PHYSICIAN: Michael Lescord, M.D.

PRIMARY CARE PHYSICIAN:

TIME:

(1) TRIAGE: 1835 (2) REGISTRATION: 1909 (3) ROOM: 1925 (4) PHYSICIAN: 1950

CHIEF COMPLAINT: Left arm and left breast injury.

HISTORY OF PRESENT ILLNESS/REVIEW OF SYSTEMS: The patient is a 66-year-old paraplegic female who was taking a bus with her wheelchair when she was grabbed by the bus driver in her left arm and forearm area, and she sustained an injury to her left breast. She states that she has pain over much of the chest where her left breast is. There is no shortness of breath, no cough, and no hemoptysis.

Up until this acute injury, the patient had done well without chronic fevers, weight loss, or anorexia. There is no cough or sputum production. No nausea, vomiting, or diarrhea. The remainder of the review of systems is negative.

ALLERGIES: Penicillin, aspirin, Keflex, sulfa drugs, and E-Mycin.

MEDICATIONS: What appears to be Voltaren 75 mg p.o. q.i.d.

TETANUS STATUS:

PAST MEDICAL HISTORY: Significant for breast cancer. The patient also is paraplegic.

SOCIAL HISTORY: She lives with her daughter and does not smoke or drink.

FAMILY HISTORY:

VITAL SIGNS TEMP: 97.4 degrees PULSE: 73 RESP: 18 BP: 130/80

OBJECTIVE FINDINGS: The patient appears as a 66-year-old lady in no acute distress. HEENT exam shows pupils equally round and reactive to light. Extraocular motions are full. Oropharynx is moist. There is no exudate. The neck is supple; there is no posterior tenderness. Lungs are clear. The patient's left breast is post surgical changes in the nipple area; this area is tender, and

THIS REPORT IS STRICTLY CONFIDENTIAL.
REDISCLOSURE IS PROHIBITED BY LAW.

EMERGENCY DEPARTMENT NOTE

ST. JOSEPH HOSPITAL
EMERGENCY DEPARTMENT NOTE

Name: DE ROSA, ROSALIE
MR#: 59-18-78

Page 2

this is the area where the patient states she was struck. The patient's left upper arm is tender to palpation. The left shoulder has full range of motion. The left elbow has full range of motion. Distal neurovascular exam of the left upper extremity is normal. Chest is otherwise nontender. Abdominal exam shows good bowel sounds without hepatosplenomegaly. The abdomen is soft and nontender without guarding.

DIFFERENTIAL DIAGNOSIS: Fracture versus contusion versus sprain.

PROCEDURES:

ABG/PULSE OXIMETRY: O₂ sat is 99% on room air.

X-RAY: X-rays of the left upper arm and chest appear normal.

EKG/OTHER:

LABS:

MEDICAL DECISION MAKING:

CLINICAL IMPRESSIONS:

1. Left breast contusion.
2. Left upper arm contusion.

DISPOSITION: Discharge.

DISCHARGE PLAN/INSTRUCTIONS: Darvocet-N 100, #15, no refills. Contusion instructions via Logicare. Early followup with local family physician. Return here if worse.

DISCHARGE CONDITION: Stable.

DISPOSITION TIME: 2045.


Michael Lescord, M.D.

D: 03/31/2002 02:56
T: 04/04/2002 50001038
ML / mr

CC:

THIS REPORT IS STRICTLY CONFIDENTIAL.
REDISCLOSURE IS PROHIBITED BY LAW.

ST. JOSEPH HOSPITAL EMERGENCY DEPARTMENT EMERGENCY DEPARTMENT NO.

E. R. CONTINUATION



St. Joseph Hospital

360 Broadway
P.O. Box 403
Bangor, ME 04402-0403
(207) 262-1248 • (207) 262-1249

DETAIL BILL

PLEASE REFER TO THIS NUMBER
ON ALL CORRESPONDENCE

PATIENT TYPE	PAGE
EMERGENCY E	1
PATIENT ACCOUNT NUMBER	
108118993	

PHONE NO.	ATTENDING PHYSICIAN	MEDICAL RECORD NBR
	LESCORD, MICHAEL J	59-18-78

NT NAME	ADMISSION DATE	DISCHARGE DATE	DAYS	BIRTHDATE	GROUP NO.	MEMBER NO.
ROSA, ROSALIE	3/30/02	3/30/02				

PATIENT OR GUARANTOR NAME AND ADDRESS		Tax I.D. # 01-0212435	
ROSALIE DE ROSA PO BOX 684 WESTWOOD, MA 02090	COV	CODE	LIABILITY BANGOR CITY
	1ST	0031	
	2ND		
	3RD		

ARGE NO.	DESCRIPTION OF CHARGES	DATE	QUANTITY	CODE	AMOUNT
01830	250 PHARMACY DARVOCET N 100	3/30/2002	5		16.00
	** SUBTOTAL **		5		16.00
00134	320 RADIOLOGY - DIAGNOSTIC CHEST; 2 VIEWS	3/30/2002	1		110.00
04334	HUMERUS, MINIMUM 2 VIEWS	3/30/2002	1		141.40
	** SUBTOTAL **		2		251.40
02635	450 EMERGENCY ROOM ER FEE LEVEL I	3/30/2002	1		44.30
	** SUBTOTAL **		1		44.30
02799	981 PRO FEES-EMERGENCY ROOM EMERGENCY SERVICE LEV IV	3/30/2002	1		237.25
	** SUBTOTAL **		1		237.25
	*** TOTAL CHARGES -->				548.95

▼ BALANCE ▼
548.95

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102-57
(207) 879-8111

Patient Name: ROSALIE DEROSA DOB: DOS:04/11/2002
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should **FOLLOW THE INSTRUCTIONS BELOW.**

A treating provider for you was:
The supervising/treating physician John Saucier M.D.
You were discharged by Vicki C RN on 04/11/2002 at 02:07

TODAY YOUR DIAGNOSIS IS: breast lump

Do the following:

Follow-up at Breast Care Center

Call your doctor if you have:

- any new or severe symptoms.

MOIST HEAT (Warm Packs).

Moist heat will help your injured area heal and relax.

Follow these steps carefully to use warm packs:

- 1) Wet and wring out clean towels in comfortably warm water.
Use Warm, Not Hot Water!
- 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
- 3) Leave the pack on for 20 minutes.
- 4) Repeat this every 4 to 6 hours while awake.

Stop Using the Warm Packs and Call your doctor if you have:

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102
(207) 879-8111

Patient Name: ROSALIE DEROSA DOB: DOS: 04/11/2002
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

A treating provider for you was:
The supervising/treating physician John Saucier M.D.
You were discharged by Vicki C RN on 04/11/2002 at 02:07

TODAY YOUR DIAGNOSIS IS: breast lump

Do the following:
Follow-up at Breast Care Center

Call your doctor if you have:
- any new or severe symptoms.

MOIST HEAT (Warm Packs).

Moist heat will help your injured area heal and relax.

Follow these steps carefully to use warm packs:

- 1) Wet and wring out clean towels in comfortably warm water. Use Warm, Not Hot Water!
 - 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
 - 3) Leave the pack on for 20 minutes.
 - 4) Repeat this every 4 to 6 hours while awake.
- Stop Using the Warm Packs and Call your doctor if you have:

- blisters or redness.
- loss of feeling.
- swelling.
- any new or severe symptoms.

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

Follow-up at the Breast Care Center. Call as soon as possible to make the appointment. You can reach the clinic at 885-7760.

Return to the Emergency Department at Maine Medical Center if you have any new or worsening symptoms - any redness of fever.

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, you may return here.

X-Ray Reports:

If you had an X-Ray taken today you may need to obtain copies of your X-rays to take to your follow-up visit:

The Maine Medical Center Radiology Department has established a Central Film Library, (CFL) at 125 John Roberts Road, Unit 3, in South Portland. Images done at the various MMC facilities are usually transported to the John Roberts Road site and not stored at the performing facility.

If your physician request you to bring your images with you to your next appointment, please follow the instructions below.

1. Call Central Film Library, 24 hours in advance if

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102
(207) 879-8111

Patient Name: ROSALIE DEROSA DOB: , DOS: 04/11/2002
Visit Number: 044737680001 Visit Location: ER - Bramhall Campus

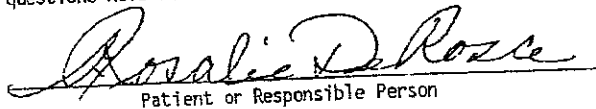
possible, at (207) 871-2328.

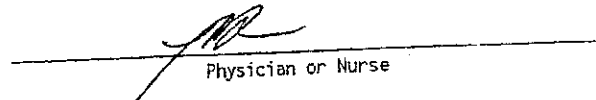
2. State your full name, date of birth and if available, the number above your name on your blue MMC card.
3. State the type of images you need to pick up.
4. Tell them the date and time you will be picking up the images and the name and address of the physicians or facility where you are taking the images.
5. Leave a daytime phone number where you can be reached in case of a potential problem.

If you prefer, the above information can be faxed to (207) 871-6044.

Images can be picked up at CFL between 7 AM and 7 PM every day, including weekends.

"I understand the written and discussed instructions. My questions have been answered."


Patient or Responsible Person


Physician or Nurse

CIGARETTE SMOKING: This is a great health problem! The facts are clear that cigarette smoking can shorten your life. It can also cause a great deal of illness along the way. If you smoke and need help quitting, talk to your regular doctor.

SEATBELTS. There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102
(207) 879-8111

Patient Name: ROSALIE DEROSA **DOB:** 07/26/1935 **DOS:** 04/11/2002
Visit Number: 044737680001 **Visit Location:** ER - Bramhall Campus

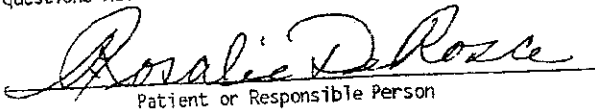
possible, at (207) 871-2328.

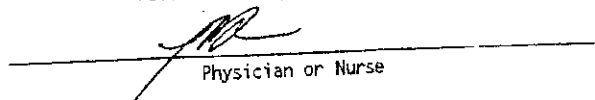
2. State your full name, date of birth and if available, the number above your name on your blue MMC card.
3. State the type of images you need to pick up.
4. Tell them the date and time you will be picking up the images and the name and address of the physicians or facility where you are taking the images.
5. Leave a daytime phone number where you can be reached in case of a potential problem.

If you prefer, the above information can be faxed to (207) 871-6044.

Images can be picked up at CFL between 7 AM and 7 PM every day, including weekends.

"I understand the written and discussed instructions. My questions have been answered."


Patient or Responsible Person


Physician or Nurse

CIGARETTE SMOKING: This is a great health problem! The facts are clear that cigarette smoking can shorten your life. It can also cause a great deal of illness along the way. If you smoke and need help quitting, talk to your regular doctor.

SEATBELTS. There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!



HEALTH INFORMATION MANAGEMENT
RELEASE OF INFORMATION SECTION

RECEIVED
05/28/02 10:15 AM

05/28/02

ROSALIE DEROSA
PO BOX 684
WESTWOOD, MA 02090

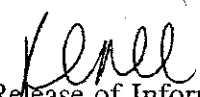
ROSALIE DEROSA MR# 04473768 REQUEST # 169140

<u>Admission</u>	<u>Discharge</u>	<u>Type</u>	<u>MMC Account Number</u>
04/11/02	04/11/02		044737680001

The following is in response to your request of 05/28/02 for the above named patient:

1. Enclosed you will find the requested information.

If you have any questions, please call the Release of Information Specialist at 207-871-2211 between 8:00 A.M. and 4:30 P.M.


Release of Information Specialist
Health Information Management

PROHIBITION ON REDISCLOSURE

The requested medical information has been disclosed to you from records protected by various state and federal laws and regulations. Such laws and regulations prohibit you from making any further disclosure of the medical information unless further disclosure is expressly permitted by the written authorization of the individual to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Maine Medical Center

Page 4 of 4

**STANDARD OF CARE FOR GENERAL
MEDICAL/SURGICAL PATIENT IN
THE EMERGENCY DEPARTMENT**

DEROSA, ROSALIE EMERG
044737680001 07/26/35 F CAT #
DOS: 04/11/02 00:12 DR.
SPM: DT: TM: :

DATE: _____

FOCUS NOTES/RHYTHM STRIPS

0200) In house note. After pain NAD. — *AK*
0235) In house i.e. intermittent. Re script & pain. (cont)
AK

PATIENT/SUPPORT PERSON EDUCATION/DISCHARGE PLAN:

 Learning Assessment: ☐ Significant Findings: Identify findings and adjustments to teaching: _____

Initials	RTL*	Information Taught	Who was Taught?	Handouts Given?	Response to Teaching	Reinforce Teaching Initials	Response to Teaching
AK	4	Pain Management	AK	21	2		
↓		As applicable: - Use of Pain Scale - Medications, complementary therapy	↓	↓	↓		
		Health issues/illness: - Diagnosis and Treatment Plan					
		Safe, effective use of medications: - Food/Drug Interactions					
		As applicable: - Nutrition					
		As applicable: - Activity/Treatments					
		As applicable: - Safe, effective use of equipment - Assistive devices					
		Community Resources: - Money to purchase meds/equipment - Transportation to referrals - Follow-up plan for further medical assistance	↓	↓	↓		
*RTL = Readiness to Learn		Method Used		Response To Teaching			
A. No Barriers		H = Handout, Brochure		1. Demonstrates understanding			
B. Fatigue/Pain		ITV = Interactive TV		2. Verbalizes understanding			
C. Communication Barrier		V = Video		3. Needs reinforcement		5. Support person needed	
D. Cognitive/Sensory Impairment		DI = Disch Instructions		4. Poor understanding		6. Unable to learn	
E. Unreceptive							
F. Other:							

ED 144585+ 5/01 avr 1-6506

Maine Medical Center

Page 1 of 4

STANDARD OF CARE
FOR GENERAL MEDICAL/
SURGICAL PATIENT IN THE
EMERGENCY DEPARTMENT



DEROSA, ROSALIE

044737680001

EMERG

GAT

DOS: 04/11/02 00:12 DR.

SPM: DT: TM: :

DATE: 4/11/02 24-h Time: 0000

Triage Nurse: *L. B. B.*

Triage Category: 4

COLLABORATIVE PROBLEMS

1. Physical/emotional symptoms of health condition.
2. Anxiety.
3. _____

OUTCOMES

- a. Meets discharge criteria or admitted to an inpatient unit.
- a. Verbalizes/demonstrates understanding of disease process, treatment plan and follow-up care.
- a. _____

MET

PRIMARY ASSESSMENT:

T 32 ☒ Tympanic/rectal ☐ PO ☐ Rectal P 58 R 16 B/P 148/55 Pulse Oximetry % ☐ R/A ☐ O₂ _____ lpm
Pain Scale # _____

*States essential neck pain in @ heart area & ecchymosis
C/o increasing pain*

No of heart CA arthritis

Tetanus Status: _____ Last Normal Menstrual Period: _____ Mass _____ kg.
Interpreter called: ☐ 24-h time ☐ Not Applicable ☐ Refused Abuse Screening ☐ Done ☐ N/A

Allergies: *ASA Penicillin Erythromycin Sulfonamide Risperidone*

Medications: *Vitamin (recent 1 week ago)*

C-spine Protocol: Physician _____ ☐ Immobilized ☐ C-collar removed

PROTOCOLS: Check protocols initiated.

☐ Triage (Medical)

☐

☐

REFERRALS MADE:

DATE

24-h Time/Initials	Signature/Title	24-h Time/Initials	Signature/Title

ED 144585+ 5/01 avr 1-6506

MAINE MEDICAL CENTER
EMERGENCY DEPARTMENT RECORD
CALL PATIENT
BACK ON →

DATE

FOR

REASON

NAME

CHARGE LEVEL

TRAUMA ROOM

POSTED

TRIAGE NOTE

TIME:

TRIAGE NURSE:

TRIAGE CATEGORY:

T

P

R

BP

Rt

Lt

TIMES

CUBICLE

SEEN

CONSULT

DISCHARGE

MEDICATIONS

ALLERGIES

LAST TETANUS

LNMP

NURSES NOTES

PRIMARY NURSE:

TIME

TEMP

P

R

BLOOD PRESSURE

RIGHT

LEFT

☐ SEE OTHER NURSES NOTES

ORDERS

RECORDS CALLED AT

ORD. BY

TIME

ACTION BY

TIME

Breast cancer center - scrub room

Vaccines (4) - 1 per gel per person

ATTENDING PHYSICIAN

RESIDENT / PHYSICIAN ASSISTANT / MEDICAL STUDENT

EMRGR-5737

04/11/02 00:21

MAINE MEDICAL CENTER

EMERGENCY RECORD

044737680001

DEROSA, ROSALIE

PO BOX 684

WESTWOOD

EMPLOYER:

ACC TYPE:E

LGL NEXT/KIN:DEROSA FRANCES

ADDR:

OTHER INFO:

FAMILY DOCTOR: NONE

PT CMPLT:L BREAST INJ

HEARING IMPAIRED:

NEEDS ALD/TTY DEVICE:

1-WHITE

F/C:M

BY:TLA

REG:04/11/02

BORN:

MAR:S

AGE:66

SEX:F 00:12

MA 02090

PHONE: 0000000000

RELIGION: CAT

VET: N

TO HOSPITAL

VIA:CAR

REL:D

PHONE:0000000000

SEEN & AGREE:

DISCUSSED & AGREE:

RECORD REVD BY:

04/11/02/WITHIN 24 HRS/OTHER:

DEAF:

Maine Medical Center

Page 2 of 4

**STANDARD OF CARE FOR GENERAL
MEDICAL/SURGICAL PATIENT IN
THE EMERGENCY DEPARTMENT**

DEROSA, ROSALIE EMERG
044737680001- F-CAT-2
DOS: 04/11/02 00:12 DR.
SPH: DT: TH: :

DATE: _____

CHARTING BY EXCEPTION (CBE) SYMBOLS ARE USED ONLY WITH THE ASSESSMENT/REASSESSMENT/OBSERVATION PARAMETERS

CBE Symbols: 0 = Within defined parameter or meets the patient's normal parameter as identified on the Admission Assessment.

* = Variance from defined Parameter. Requires a Focus Note/flowsheet entry to describe exception.

> = In agreement with entire Focus Note associated with previous exception charting.

Assessment with a (*) is minimum requirement for the standard. Assessment Parameters used: ☒ Adult ☐ Pediatric

ASSESSMENT PARAMETERS												
24-h Time	02:00											
Neurological (AP)												
Cardiovascular (AP)												
Respiratory (AP)												
Gastrointestinal (AP)												
Genitourinary (AP)												
Integumentary (AP)												
Musculoskeletal (AP)												
Neurovascular (AP)												
Pain (OP)	Q8H if pain Q4H	Intermittent										
Pain Scale #												
Functional (OP)	once											
Learning (AP)	once											
Mental Status (AP)	once											
Psychosocial (AP)												
Amniotic Fluid (OP)												
Vaginal Bleeding (OP)												
Uterine Activity (OP)												
Breast Nipple (OP)												
Perineal (OP)												
IV Site (OP): Q8H (adult); Q4H (pediatric) until IV discontinued. Specify type/location of peripheral/arterial/central venous/epidural catheters/PICC												

INTERVENTIONS:

1. Obtain a focused history of presenting problem, taking into account growth/development, cultural and/or communication needs.
2. Obtain vital signs (TPR, BP) at initial assessment and every 8 hours.
3. Mass all patients under 12 years of age.
4. Initiate appropriate triage protocols for X-ray orders, unit tests (urine dipstick, urine HCG, glucose testing by glucometer), medication administration, and EKG orders.
5. Place patient presenting with chest pain, palpitations, dyspnea or drug/alcohol overdose on continuous cardiac, O₂ saturation, and BP monitoring. Record parameters at initial assessment.
6. Begin O₂ administration as indicated.
7. Establish IV access and draw lab to hold as indicated.
8. Monitor every 2 hours for comfort, toileting and dietary needs.
9. Evaluate all wounds/burns for size, color, depth, sensation, circulatory status, and presence/absence of foreign bodies.
10. Evaluate range of motion, edema, ecchymosis and/or deformity of an injured extremity at initial assessment and as indicated.
11. Encourage patient and/or support person to verbalize feelings/concerns.
12. Identify age appropriate coping mechanisms; provide support as needed.
13. Keep patient and/or support person informed of treatment plan and progress.
14. If patient expires, offer support person(s) assistance in dealing with the grief process. Follow "Guidelines for Anatomical Gifts".

BD 144585+ 5/01 avr 1-6506

INSTRUCTION SHEETS GIVEN

AFTERCARE INSTRUCTIONS ☐

MED. CATEGORY

DIAGNOSIS

OTHER ☐

Wash compress to area
Watch for redness or fever

00 CALL 871-2020 FOR TEST RESULTS
IF INSTRUCTED BY CARE GIVER

MMC/ED

DEROSA, ROSALEE

0447-37-68-0001

DATE: 04/11/2002

CC: Injury to breast. The patient is a 66-year-old white female who injured her left breast within the last week due to a punching episode. Has more pain and soreness in the breast at the present time.

PMH: Significant for prior breast lump removal which was cancerous. She has had follow up since that time and had a negative checkup within the last two months.

MEDS: Voltaren.

ALL: Aspirin, penicillin, erythromycin, sulfa and Rocephin.

FH: Negative.

SH: The patient has moved up here from the Boston area and hopes for better living situation.

PE: On physical examination the patient is awake and alert in no apparent distress. Vital signs are normal. HEENT is unremarkable. Neck is supple. Chest is clear. There is tenderness in the left breast with an obvious 8 x 8 cm mass near the left nipple. There is no overlying erythema or any skin changes.

IMP: Breast contusion with breast mass present. The breast has an 8 x 8 cm mass in the left breast near the nipple. No erythema is noted.

PLAN: The patient will follow up as needed with the Maine Breast Clinic and that number is given. She may use hot packs in the meantime to help with the symptoms.

JOHN R. SAUCIER, MD

D 04/11/2002 06:17

T 04/11/2002 13:39/170

"DRAFT" UNTIL SIGNED


Maine Medical Center

 22 Bramhall Street
 Portland, ME 04102-3175

Account Number
 004473768-0001

Patient Bill for Rosalie Derosa

Thank you for choosing Maine Medical Center as your health care provider. An itemization of Outpatient Services for 04/11/02 is provided below. Please keep this statement for your records.

Statement Date
 April 18, 2002

Page 01 of 02

Summary of Charges

DATE OF VISIT: April 11, 2002

Total Charges	\$204.50
Credits/Payments	\$0.00
Adjustments	\$0.00
Total Billed To Your Insurance	\$204.50
Total Due From You At This Time	\$0.00

Questions about your Bill?

Call Patient Accounts Office
 at 207-871-2411 or toll free
 in Maine 1-800-974-2072
 Monday through Friday from
 8:00 am to 4:30 pm.

MAINE MEDICAL CENTER

Please detach this portion and return with your payment

Patient	Account Number	Due Date	Amount Due	Enclosed
Rosalie Derosa	004473768-0001		\$0.00	

Maine Medical Center
22 Bramhall Street
Portland, ME 04102-3175

Complete the reverse side to pay by credit card.

Rosalie Derosa
 Po Box 684
 Pt Refused
 Westwood, MA 02090

☐ If your insurance has changed, please indicate
 changes on the back of this page


Maine Medical Center

 22 Bramhall Street
 Portland, ME 04102-3175

Patient Bill for Rosalie Derosa

Thank you for choosing Maine Medical Center as your health care provider. An itemization of Outpatient Services for 04/11/02 is provided below. Please keep this statement for your records.

Account Number
 004473768-0001

Statement Date
 April 18, 2002

Page 01 of 02

Summary of Charges

DATE OF VISIT: April 11, 2002

Total Charges	\$204.50
Credits/Payments	\$0.00
Adjustments	\$0.00
Total Billed To Your Insurance	\$204.50
Total Due From You At This Time	\$0.00

Questions about your Bill?

Call Patient Accounts Office
 at 207-871-2411 or toll free
 in Maine 1-800-974-2072
 Monday through Friday from
 8:00 am to 4:30 pm.

MAINE MEDICAL CENTER

Please detach this portion and return with your payment.

Patient	Account Number	Due Date	Amount Due	Enclosed
Rosalie Derosa	004473768-0001		\$0.00	

Maine Medical Center
22 Bramhall Street
Portland, ME 04102-3175

Rosalie Derosa
 Po Box 684

Westwood, MA 02090

Complete the reverse side to pay by credit card.



If your insurance has changed, please indicate
 changes on the back of this page

MAINE MEDICAL CENTER
EMERGENCY DEPARTMENT RECORD


CALL PATIENT BACK ON →	DATE	FOR	REASON	NAME	CHARGE LABEL	TRAUMA ROOM	POSTED
TRIAGE NOTE		TIME:	TRIAGE NURSE:		TRIAGE CATEGORY:		
T	P	R	BP	RI	3:57 LT		

CUBICLE	TIMES
SEEN	
CONSULT	
DISCHARGE	

MEDICATIONS
ALLERGIES
LAST TETANUS
LNMP

NURSES NOTES	PRIMARY NURSE:	TIME	TEMP	P	R	BLOOD PRESSURE	
						RIGHT	LEFT

☐ SEE OTHER NURSES NOTES

ORDERS	RECORDS CALLED AT	ORD. BY	TIME	ACTION BY	TIME
* Breast care center - scrubroom					
Vicodin (4) - 2 per gul r - p					

ATTENDING PHYSICIAN

RESIDENT / PHYSICIAN ASSISTANT / MEDICAL STUDENT

EMRGR-5737

04/11/02 00:21

MAINE MEDICAL CENTER

EMERGENCY RECORD

044737680001

DEROSA, ROSALIE

PO BOX 684

WESTWOOD

EMPLOYER:

ACC TYPE:E

LGL NEXT/KIN:DEROSA FRANCES

ADDR:

OTHER INFO:

FAMILY DOCTOR: NONE

PT CMPLT:L BREAST INJ

HEARING IMPAIRED:

NEEDS ALD/TTY DEVICE:

1-WHITE

F/C:M

BY:TLA

REG:04/11/02

*BORN:07/26/95 MAR:S

AGE:66

SEX:F 00:12

MA 02090

PHONE: 0000000000

RELIGION: CAT

VET: N

TO HOSPITAL VIA:CAR

SS#:029264584

REL:0

PHONE:0000000000

DEAF:

SEEN & AGREE:

DISCUSSED & AGREE:

RECORD REVD BY:

04/11/02/WITHIN 24 HRS/OTHER:

EMERGENCY DEPARTMENT RECORD

DEROSA, ROSALIE

440352
REB:04/11/02

00:12

044737680001

PATIENT EVALUATION & TREATMENT

DICTATED: 937392CONSULT WITH: ☐

DIAGNOSIS

Breast Cancer

SIGNATURE

CONTINUED: ☐

DISPOSITION

☐ D.O.A. ☐ DIED
☒ HOME ☐ ADMITTED TO: TIME
☐ IMPROVED ☒ STABLE

PATIENT INSTRUCTIONS

EMERGENCY DEPARTMENT • MAINE MEDICAL CENTER • PORTLAND, MAINE 04102 • (207) 871-2381

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND IS NOT INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE CARE FROM YOUR PERSONAL PHYSICIAN. ALL X-RAYS AND EKGs ARE REVIEWED BY SPECIALIST PHYSICIANS. IF ANY INTERPRETATION DIFFERS FROM THE EMERGENCY READING, WE WILL CONTACT YOU. YOU SHOULD FOLLOW THE INSTRUCTIONS GIVEN AND FOLLOW UP WITH:

☐ REFERRED

TO

Call Breast care☐ MEDICATIONS PRESCRIBED*Center in Scarborough*

I HAVE READ AND UNDERSTAND THE
ABOVE INSTRUCTIONS

SIGNATURE
(PATIENT OR LEGAL GUARDIAN)

INSTRUCTION SHEETS GIVEN

AFTERCARE INSTRUCTIONS ☐

MED. CATEGORY

DIAGNOSIS

OTHER ☐

Warm compress to area
Watch for redness or fever

00 CALL 871-2020 FOR TEST RESULTS
IF INSTRUCTED BY CARE GIVER

Maine Medical Center

Page 1 of 4

**STANDARD OF CARE
FOR GENERAL MEDICAL/
SURGICAL PATIENT IN THE
EMERGENCY DEPARTMENT**



DEROSA, ROSALIE
044737680001 02/26/35 F CAT
DOS: 04/11/02 00:12 DR.
SPM: DT: TM: :
EMERG

DATE: 4/11/02 24-h Time: 0000

Triage Nurse: [Signature] RN Triage Category: 4 [Signature]

COLLABORATIVE PROBLEMS

1. Physical/emotional symptoms of health condition.
2. Anxiety.
3. _____

OUTCOMES

- a. Meets discharge criteria or admitted to an inpatient unit.
- a. Verbalizes/demonstrates understanding of disease process, treatment plan and follow-up care.
- a. _____

MET

PRIMARY ASSESSMENT:

T 37 ☒ Tympanic/rectal ☐ PO ☐ Rectal P 58 R 16 B/P 148/55 Pulse Oximetry % ☐ R/A ☐ O₂ _____ lpm

Pain Scale # _____

*States assaulted 1 week prior in @ heart area & ecchymosis
% increasing pain*

Hx of breast CA arthritis

Tetanus Status: _____ Last Normal Menstrual Period: _____ Mass _____ kg.
Interpreter called: ☐ 24-h time ☐ Not Applicable ☐ Refused Abuse Screening ☐ Done ☐ N/A

Allergies: ASA Penicillin Erythromycin Sulfas Risperidone

Medications: Vitamin (recent 1 week ago)

C-spine Protocol: Physician _____ ☐ Immobilized ☐ C-collar removed

PROTOCOLS: Check protocols initiated.

☐ Triage (Medical)

☐ _____

☐ _____

REFERRALS MADE:

DATE

24-h Time/Initials	Signature/Title	24-h Time/Initials	Signature/Title

Maine Medical Center

Page 2 of 4

**STANDARD OF CARE FOR GENERAL
MEDICAL/SURGICAL PATIENT IN
THE EMERGENCY DEPARTMENT**

DEROSA, ROSALIE EMERG
044737680001-07/26/33 F CAT-2
DOS: 04/11/02 00:12 DR.
SPM: DT: TM: :

DATE: _____

CHARTING BY EXCEPTION (CBE) SYMBOLS ARE USED ONLY WITH THE ASSESSMENT/REASSESSMENT/OBSERVATION PARAMETERS

CBE Symbols: 0 = Within defined parameter or meets the patient's normal parameter as identified on the Admission Assessment.

* = Variance from defined Parameter. Requires a Focus Note/flowsheet entry to describe exception.

> = In agreement with entire Focus Note associated with previous exception charting.

Assessment with a (*) is minimum requirement for the standard. Assessment Parameters used: ☒ Adult ☐ Pediatric

ASSESSMENT PARAMETERS											
24-h Time	0200										
Neurological (AP)											
Cardiovascular (AP)											
Respiratory (AP)											
Gastrointestinal (AP)											
Genitourinary (AP)											
Integumentary (AP)											
Musculoskeletal (AP)											
Neurovascular (AP)											
Pain (OP)	Q8H if pain Q4H	Intermittent									
Pain Scale #											
Functional (OP)	once										
Learning (AP)	once										
Mental Status (AP)	once										
Psychosocial (AP)											
Amniotic Fluid (OP)											
Vaginal Bleeding (OP)											
Uterine Activity (OP)											
Breast Nipple (OP)											
Perineal (OP)											
IV Site (OP): Q8H (adult); Q4H (pediatric) until IV discontinued. Specify type/location of peripheral/arterial/central venous/epidural catheters/ PICC											

INTERVENTIONS:

1. Obtain a focused history of presenting problem, taking into account growth/development, cultural and/or communication needs.
2. Obtain vital signs (TPR, BP) at initial assessment and every 8 hours.
3. Mass all patients under 12 years of age.
4. Initiate appropriate triage protocols for X-ray orders, unit tests (urine dipstick, urine HCG, glucose testing by glucometer), medication administration, and EKG orders.
5. Place patient presenting with chest pain, palpitations, dyspnea or drug/alcohol overdose on continuous cardiac, O₂ saturation, and BP monitoring. Record parameters at initial assessment.
6. Begin O₂ administration as indicated.
7. Establish IV access and draw lab to hold as indicated.
8. Monitor every 2 hours for comfort, toileting and dietary needs.
9. Evaluate all wounds/burns for size, color, depth, sensation, circulatory status, and presence/absence of foreign bodies.
10. Evaluate range of motion, edema, ecchymosis and/or deformity of an injured extremity at initial assessment and as indicated.
11. Encourage patient and/or support person to verbalize feelings/concerns.
12. Identify age appropriate coping mechanisms; provide support as needed.
13. Keep patient and/or support person informed of treatment plan and progress.
14. If patient expires, offer support person(s) assistance in dealing with the grief process. Follow "Guidelines for Anatomical Gifts".

ED 144585+ 5/01 avr 1-6506

MMC/ED

DEROSA, ROSALEE

0447-37-68-0001

DATE: 04/11/2002

CC: Injury to breast. The patient is a 66-year-old white female who injured her left breast within the last week due to a punching episode. Has more pain and soreness in the breast at the present time.

PMH: Significant for prior breast lump removal which was cancerous. She has had follow up since that time and had a negative checkup within the last two months.

MEDS: Voltaren.

ALL: Aspirin, penicillin, erythromycin, sulfa and Rocephin.

FH: Negative.

SH: The patient has moved up here from the Boston area and hopes for better living situation.

PE: On physical examination the patient is awake and alert in no apparent distress. Vital signs are normal. HEENT is unremarkable. Neck is supple. Chest is clear. There is tenderness in the left breast with an obvious 8 x 8 cm mass near the left nipple. There is no overlying erythema or any skin changes.

IMP: Breast contusion with breast mass present. The breast has an 8 x 8 cm mass in the left breast near the nipple. No erythema is noted.

PLAN: The patient will follow up as needed with the Maine Breast Clinic and that number is given. She may use hot packs in the meantime to help with the symptoms.


JOHN R. SAUCIER, MD

D 04/11/2002 06:17

T 04/11/2002 13:39/170

"DRAFT" UNTIL SIGNED

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102
(207) 879-8111

Patient Name: ROSALIE DEROSA **DOB:** 07/26/1935 **DOS:** 04/11/2002
Visit Number: 044737680001 **Visit Location:** ER - Bramhall Campus

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should **FOLLOW THE INSTRUCTIONS BELOW.**

A treating provider for you was:
The supervising/treating physician John Saucier M.D.
You were discharged by Vicki C RN on 04/11/2002 at 02:07

TODAY YOUR DIAGNOSIS IS: breast lump

Do the following:

Follow-up at Breast Care Center

Call your doctor if you have:

- any new or severe symptoms.

MOIST HEAT (Warm Packs).

Moist heat will help your injured area heal and relax.

Follow these steps carefully to use warm packs:

- 1) Wet and wring out clean towels in comfortably warm water.
Use Warm, Not Hot Water!
- 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
- 3) Leave the pack on for 20 minutes.
- 4) Repeat this every 4 to 6 hours while awake.

Stop Using the Warm Packs and Call your doctor if you have:

Maine Medical Center

Emergency Department
22 Bramhall Street
Portland, ME 04102
(207) 871-2381

Brighton FirstCare
335 Brighton Ave.
Portland, ME 04102
(207) 879-8111

Patient Name: ROSALIE DEROSA **DOB:** 07/26/1935 **DOS:** 04/11/2002
Visit Number: 044737680001 **Visit Location:** ER - Bramhall Campus

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

A treating provider for you was:
The supervising/treating physician John Saucier M.D.
You were discharged by Vicki C RN on 04/11/2002 at 02:07

TODAY YOUR DIAGNOSIS IS: breast lump

Do the following:
Follow-up at Breast Care Center

Call your doctor if you have:
- any new or severe symptoms.

MOIST HEAT (Warm Packs).

Moist heat will help your injured area heal and relax.

Follow these steps carefully to use warm packs:

- 1) Wet and wring out clean towels in comfortably warm water. Use Warm, Not Hot Water!
 - 2) Put the warm, wet towels on the affected area and cover the wet towels with a waterproof cover. Lay a dry towel over this cover.
 - 3) Leave the pack on for 20 minutes.
 - 4) Repeat this every 4 to 6 hours while awake.
- Stop Using the Warm Packs and Call your doctor if you have:

- blisters or redness.
- loss of feeling.
- swelling.
- any new or severe symptoms.

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

Follow-up at the Breast Care Center. Call as soon as possible to make the appointment. You can reach the clinic at 885-7760.

Return to the Emergency Department at Maine Medical Center if you have any new or worsening symptoms - any redness or fever.

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, you may return here.

X-Ray Reports:

If you had an X-Ray taken today you may need to obtain copies of your x-rays to take to your follow-up visit:

The Maine Medical Center Radiology Department has established a Central Film Library, (CFL) at 125 John Roberts Road, Unit 3, in South Portland. Images done at the various MMC facilities are usually transported to the John Roberts Road site and not stored at the performing facility.

If your physician request you to bring your images with you to your next appointment, please follow the instructions below.

1. Call Central Film Library, 24 hours in advance if

LC# : 000001089114

===== CHART NOTE =====
PRINTED ON : 10/18/02 1220
BY : MR006SMK SK8B

20020923DEROSA, ROSALIE

REVISED

** NOTE: THE FINAL SIGNED COPY OF THIS DOCUMENT IS FILED IN THE
** PATIENT MEDICAL RECORD AND MAY VARY FROM THIS COPY **

LAHEY CLINIC MEDICAL CENTER - Burlington, Ma.
GENERAL SURGERY

NAME: DEROSEA, ROSALIE

DATE: 09/23/02

LCMC NO.: 108 91 14

CHIEF COMPLAINT AND REASON FOR CONSULTATION: Left breast mass.

HISTORY OF PRESENT ILLNESS: This patient is a 67-year-old Christian woman with a history of bilateral breast biopsies in the past. The right breast was biopsied when the patient was age 12 and the left breast was biopsied 25 years ago at the Faulkner Hospital with a finding of carcinoma. At that time she had removal of a mass complicated by hemorrhage requiring transfusions. She subsequently healed and did not require radiation or chemotherapy by her own history. I have no records from the Faulkner to support this. Approximately six months ago, in March 2002, Ms. Derosa stated that she was assaulted while up in Maine and suffered numerous blows to the left breast resulting in a large hematoma with extensive ecchymoses and swelling to the left arm. The left arm subsequently has remained swollen up at the level of the proximal humerus. The black and blue has for the most part resolved, however she developed a mass secondary to the assault in the breast which has not resolved. She was seen at a hospital in Maine but was not admitted and was subsequently seen at the Norwood Hospital for this mass. Five ultrasound-guided core biopsies were performed according to the patient after the assault, however the pathology slip is marked February of 2002 and this showed atypical hyperplasia but no cancer. She now has pain in the left breast which will wake her at night as well as the left shoulder swelling.

ALLERGIES: She has numerous drug allergies with the noted response as loss of vital signs when she takes Penicillin, cephalosporins, erythromycin in particular.

She has a number of orthopedic issues for which she has seen someone in her local area.

PHYSICAL EXAMINATION: On physical examination the patient is a pleasant, talkative woman accompanied by her friend. She is mildly obese. Her chest is clear. The heart is without rub, murmur or gallop. There is fine lymphadenopathy in both supraclavicular fossa but none under the arms. The right breast has a circum-areolar scar without masses, retraction, or skin change. There is no nipple discharge. The left breast reveals that there is vascular engorgement in the venous plexus. There is no evidence of peau d'orange however there is mild erythema about a 6 x 6 cm subareolar mass. There is an area where there appears to be neoplastic growth into the skin just to the lateral aspect of the nipple. There is no nipple discharge. There is fixation of the skin and mild retraction at this point. I could not appreciate axillary lymphadenopathy on the left. There seems to be very mild

LC# : 000001089114

CHART NOTE
PRINTED ON : 10/18/02 1220
BY : MR006SMK SK8B

edema to the left proximal arm.

IMPRESSION: My impression is that the patient probably has recurrent carcinoma of the left breast. I have discussed with her that we need to perform an excisional biopsy of this lump to guarantee that we have adequate histology. It is possible but not likely that she has organized hematoma from her assault suffered in March 2002. The operative procedure, the risks and benefits, and potential post-operative need for follow-up have all been discussed. She appears to understand and wishes to proceed.

J. Lawrence Munson, M.D.

N#

D: 09/23/02, R: , T: 09/25/02

JLM:nsmt:mjg

===== END OF DOCUMENT =====

Sept 4 2002
P Z Massamont Inc. Claim NO MAS0021132
To Keith Daleb
Bus Operated by Ken Van Leer

On March 30-002 I had been in Shaws with Mrs De Rosa. The Mt. Hope bus pulled in front of Shaws window. Mrs. De Rosa asked the bus driver to move the bus so she could use the wheelchair lift. the driver would not move the bus. Mrs. De Rosa had difficulty trying to get on the lift so the driver went to push her on the lift. the driver was in a rage screaming at her to hurry up. Mrs De Rosa asked the bus driver to let me help her he said no he would not the bus driver said no he was going to do it his way there were no passengers on his bus they had all got off at Shaws. The bus driver was in a rage he went to hit Mrs. De Rosa left arm and then her left breast I screamed at him to let go of her but he would not he just kept


hitting her left arm and left Breast Mrs. De Rosa
 was hysterical she demanded
 that the driver let her off the lift
 the driver went smashing the
 wheelchair into the wall and then
 went pushing her into the lift
 because he could not get her off the
 lift was only inches away from the
 wall of shaws. Mrs De Rosa told
 the driver to let her go the driver
 was still in a rage. I took Mrs.
 De Rosa to the payphone at Shaw
 Mrs. De Rosa called Bangor Bus
 and talked to the supervisor
 Joseph McNeil and he sent her a
 bus to take her to St Joseph Hospital
 the Emergency. Joseph McNeil
 came with his car and met us on
 the bus that he sent for us he asked
 Mrs. De Rosa do you want me to
 call the police she said no. she
 wanted to go to the hospital she said
 she was in a lot of pain. the hospital
 saw that the bus driver left us
 off there. Mrs. De Rosa was in
 sever pain in her left arm and her left

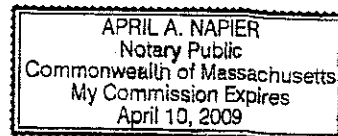
breast her left breast was
severely swollen the doctor gave
Mrs DeRosa medication and
referred her to a specialist.

Frances DeRosa
PO Box 684
Westwood, Mass 02090

Frances DeRosa

Frances DeRosa appeared before me
this 5th day of September, 2002.


April Napier



Sept 4 - 2002

PZ Mossamont Inc Claim NO MAS0027132

att Keith Daleb

Bus Operated by Ken VanLeer

March 30 - 2002 I had been in Shaws. MT Hope bus pulled in front of Shaws window. I asked the driver to move the bus so I could use the Wheelchair lift, he would not move the bus. I had difficulty trying to get on the lift, so the driver went to push me on to the lift, the driver was screaming at me to hurry. I asked the driver to let the lady on the bus to help me, as that is what she always does, the driver said no, he would do it his way. He grabbed me by the ^{left} arm and began to punch ~~me~~ ^{me} in the ^{left} arm and in the ^{left} breast. I went Hysterical, I demanded to get off the lift. The driver went smashing the wheelchair in the wall and smacking it into the lift. As he could not get the wheelchair off the lift that easy it was on top of the wall I demanded the driver to let me SO over

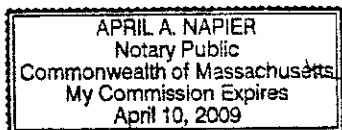
2

The driver went into a rage he was that way from the beginning, in a rage I called the Bangor Bus and talked to the supervisor Joseph McNeil and he sent a bus to take me to ST Joseph Hospital, Emergency. The Hospital saw the bus driver let me off, I was in severe pain and bleeding internally in the ~~left~~ breast, was severely swollen in the breast. The doctor referred me to a specialist and gave me medication to take. I was assaulted over and over that day by Ken Van Leer. Joseph McNeil came with this car with the bus driver ahead of him driving the bus. Joseph McNeil asked me if I wanted him to call Police, I said no, I wanted to go to hospital. I was in a lot of pain. Rosalie De Rosa

P.O. Box 684
Westwood Mass
02090

Frances De Rosa

Frances De Rosa appeared before me
this 5th day of September, 2002.



April Napier

Sept 4 - 2002
 PZ Mossamont Inc Claim NO MAS0021132
 att Keith Daleb
 Bus Operated by Ken VanZee

March 30 - 2002 I had been in
 Shaws. Mt Hope bus pulled in
 front of Shaws window. I asked the
 driver to move the bus so I could
 use the Wheelchair lift, he would
 not move the bus. I had difficulty
 trying to get on the lift, so the driver
 went to push me on to the lift,
 the driver was screaming at me to hurry.
 I asked the driver to let the lady go
 the bus to help me, as that is what
 she always does, the driver said no,
 he would do it his way. He grabbed
 me by the ^{lift} arm and began to punch
 me in the ^{lift} arm and in the ^{lift} breast
 I went hysterical, I demanded
 to get off the lift. The driver went
 smashing the wheelchair in the wall
 and smacking it into the lift, so
 he could not get the wheelchair off the
 lift. That easy it was on top of the
 wall I demanded the driver to let
 me go.

over

2

The driver went into a rage he was that way from the beginning, in a rage I called the Bangor Bus and talked to the supervisor Joseph McNeil and he sent a bus to take me to ST Joseph Hospital, Emergency. The Hospital saw the bus driver let me off, I was in severe pain and bleeding internally in the ~~left~~ breast, was severely swollen in the breast. The doctor referred me to a specialist and gave me medicine to take. I was assaulted over and over that day by Ken Van Leer. Joseph McNeil came with this car with the bus driver ahead of him driving the bus. Joseph McNeil asked me if I wanted him to call Police I said no, I wanted to go to hospital I was in a lot of pain. Rosalie DeRosa

P.O. Box 684
Westwood Mass
02090

PO Box 1170
Greenfield, MA 01302
(800-444-3916)~413-774-2067
FAX (413-772-8503 - claims)

MASSAMONT INSURANCE AGENCY, INC
METROGARD & DIPLOMAX PROGRAMS

To: Miss DeRosa

Fax: 781-890-1901

From: Cristy L. White

Date: 09-04-02

Re: Statements

Pages: 1 pages including cover

We received your fax. However, they are illegible. Could you please send a
hard copy to Massamont Insurance; P.O Box 1170; Greenfield, MA 01302.

Thank you.

CONFIDENTIAL

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Sep-04-02 03:34 PM

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	04	Sent	Sep-04	03:32P	00:02:01	002586030022

NOV 9-2002
10:19 PM

Officer Clifford Worcester
this is my Fax number
781 321-1690 to Fax saying you
recvd my statements

Thank You
Mrs DeRosa

att Officer Green

FAX

Date: 08-29-02

To: Rosalie DeRosa

Fax: 781-890-1901

From: Debbie Mumblo
Massamont Insurance Agency
800-444-3916 X671
Email: dmumblo@kscins.com

RE: Fax Received

Claim #: MAS-0021132

DOL: 03-30-02

Insured: City of Bangor

Remarks:

Mrs. DeRosa,

This is to let you know that we received your fax of 15 pages, which included medical records and two notes to Keith Daleb. I have forwarded your request for a copy of Mr. McNeal's statement to Keith Daleb for follow up.

Thanks,
Debbie M.

Number of pages including this cover page: 1

If you do not receive all pages, please call 800-444-3916, X 671 for retransmission.

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Aug-29-02 02:59 PM

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	15	Sent	Aug-29	02:50P	00:09:51	002586030022

8-28-2002

PZ Massamont Inc
Keith Daleb.

This is to notify PZ Massamont Inc
that Bangor Bus drivers would
not pick me up, so I had to leave
Bangor Maine. I could not keep
Medical appts

Rosalie De Rosa

File NO M1A50021132

8-28-2002

P Z Massamont Inc
Keith Daleb

I am sending you a copy of
ST Joseph Hospital, Medical
Emergency Dept. Admission Date 3/30/2002
& Bills & And Maine Medical
Emergency Dept a copy of the Medical
Admission Date 4/11/2002, and bills

Rosalie De Rosa

File NO M145 0021132

PS Please send copy of report from Joseph McNeil
supervisor of Bus

Sept 4 2002

To P Z Massamont & Inc. Claim NO MAS 0021132
Keith Daleb
Bus Operated by Ken Van Leer

On March 30-002 I had been in Shaws with Mrs De Rosa. The Mt. Hope bus pulled in front of Shaws window. Mrs De Rosa asked the bus driver to move the bus so she could use the wheelchair lift. the driver would not move the bus. Mrs De Rosa had difficulty trying to get on the lift so the driver went to push her on the lift. the driver was in a rage screaming at her to hurry up, Mrs De Rosa asked the bus driver to let me help her he said no he would not. The bus driver said no he was going to do it his way there were no passengers on his bus they had all got off at Shaws. The bus driver was in a rage he went to hit Mrs De Rosa left arm and then her left breast I screamed at him to let go of her but he would not he just kept

hitting her left arm and left breast. Mrs. De Rosa was hysterical. She demanded that the driver let her off the lift. The driver went smashing the wheelchair into the wall and then went pushing her into the lift because he could not get her off. The lift was only inches away from the wall of shaws. Mrs. De Rosa told the driver to let her go the driver was still in a rage. I took Mrs. De Rosa to the payphone at Shaw. Mrs. De Rosa called Bangor Bus and talked to the supervisor Joseph McNeil and he sent her a bus to take her to St Joseph Hospital the Emergency. Joseph McNeil came with his car and met us on the bus that he sent for us he asked Mrs. De Rosa do you want me to call the police she said no. She wanted to go to the hospital she said she was in a lot of pain. The hospital saw that the bus driver left us off there. Mrs. De Rosa was in sever pain in her left arm and her left

breast her left breast was
severely swollen the doctor gave
Mrs DeRosa medication and
referred her to a specialist.

Frances DeRosa
PO Box 684
Westwood, Mass 02090

8-28-2002

PZ Massamont Inc
Keith Daleb.

This is to notify PZ Massamont Inc
that Bangor Bus drivers would
not pick me up, so I had to leave
Bangor Maine. I could not keep medical
apts

Rosalie DeRosa

File NO M1A50021132

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Sep-04-02 03:36 PM

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
914137728503	OK	01	Sent	Sep-04	03:35P	00:00:32	002586030022

1.3.0 2.8

3-14-2003

Detective Clifford Worseter
 I have put inside this envelope
 my medical reports from St
 Joseph Hospital Bangor Maine
 And Maine Medical reports
 Also Lahey Clinic Burlington
 Mass These are all related to
 the physical assault from
 the City Bus Driver Ken
 Van Lee Also inside is
 a letter I sent Mr Talbot
 & Mr Dawson. Maine Medical
 in Portland. Also sent letters
 to P Z Massamont Inc. Comp.
 also Hospital Bills will be
 sending Bill from Lahey Clinic.
 Also any other bills related
 to this assault. I need to
 hear from you as to what to investigate.
 Please write to me at [redacted]
 Please send me a copy of [redacted]
 McNeil Bus report [redacted]
 Rosalie De Rosa
 P.O. BOX 684 Westwood N.
 Mass 02090

The Commonwealth of Massachusetts
 County of [redacted]
 Date 3/14/03
 Then personally appeared the above named

and acknowledged the foregoing instrument
 to be his free act and deed, before me:
 DORICK DUPOUX, Notary Public
 My Commission Expires Aug. 15, 2008

Sept 5 2002
PZ Massanont Claim # MA50021132
Keith Daleb

I am sending you a three
page statement concerning
what happened to Mrs. De Rosa
on March 30 2002 with the
City of Bangor Busdriver *
Ken Van Leer

Frances De Rosa
PO Box 684
Westwood, Ma. 02090

NOV 9 - 2002

Officer Clifford Worcester
this is my Fax number
781 321-1690 to Fax saying you
received my statements

Thank You
Mrs DeRosa

att Officer Green

8-28-2002

P Z Massamont Inc
Keith Daleb

I am sending you a copy of
ST Joseph Hospital, Medical
Emergency Dept. Admission Date 3/30/20
d. Bills And Maine Medical
Emergency Dept a copy of the Medical
Admission Date 4/11/2002, and bills

Rosalie DeRosa

File NO MHS 0021132

PS Please send copy of report from Joseph McNeil
supervisor of Bus

Sept 5 - 2002

Massamont claim No MA 50021132

Mr. Dave Dawson

I am sending you a copy
of what I have sent to Keith Daleb
I need to speak to you as I
am having trouble with him.

Frances De Rosa

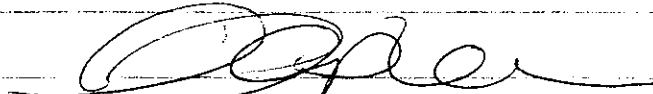
Rosalie De Rosa

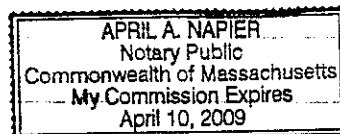
PO Box 684

West Wood Ma 02090

Francis De Rosa

Francis De Rosa, appeared before
me this 5th day of September, 2002.


April Napier



Sept 5 - 2002
P2 Massamont claim No MAS0021132

Keith Daleb

Mrs. Rosalie DeRosa and myself
fax you on Sept 4-002, 5 pages
of statement. My statement
was 3 pages Mrs. DeRosa 2 pages
concerning what happened on
March 30-2002 with the City of
Bangor Bus Driver Ken Van Leer.
I am sending to you the same
copies that was fax to you
on Sept 4-002. On 8-29-002
when Mrs. DeRosa fax you
Keith Daleb 13 pages of medical
reports and 2 letters you
did not state that the
Doctors writing was illegible
and you did not state that
the two letters Mrs. DeRosa
sent you were illegible.
These letters were regarding how
she was sending you St Joseph Hospital
reports and Bill and Merit Medical
Hospital reports and bills.

EX-100
FIVE
Mrs. De Rosa wants copies of all that in here file including but not excluding all that in Mrs. De Rosa file with exception to what she has given you.

Mrs. De Rosa wants disclosed your insurance policy and the full amount and coverage.

When Mrs. De Rosa called you Keith Dale on 8-29-002 and asked for you to fax her Joseph McNeil report the supervisor for Bangor City Bus you stated you could not give it to her so you would not fax the report instead you said you needed a written statement from Charlie Mitchell who is the risk manager for the City of Bangor.

Mrs. De Rosa then said she would call Charlie Mitchell and tell him what you had stated to her. When Mrs. De Rosa called Charlie Mitchell his reply to what you said was that he did not have to give you written permission to give

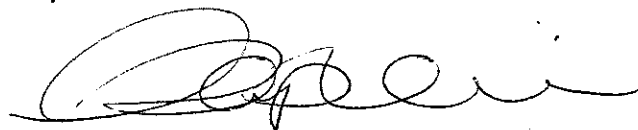
Mrs De Rosa Joseph McNeil
 report, which was concerning
 Ken Van Leer who pick
 Mrs De Rosa up. Charlie Mitchell
 said you could just give it.
 When Mrs De Rosa phone you
 back at 1800 447-3916 Ext 650
 and told you Charlie Mitchell
 said you could just give it
 you wanted to quickly hang
 up on her and you did after
 she had said you were not
 telling the truth to her.
 As you are not telling the
 truth concerning the 2
 statements sent out to you
 by fax on Sept 4-2002 when
 you fax back Mrs De Rosa
 and Frances De Rosa you said
 there statement: are illegible.
 These matter are of public
 Record. Ed Wykowskie phone
 number I received from Charlie
 Mitchell I called him and told him
 what happened and the severe pain I am in
 Ed Wykowskie told Mrs De Rosa to get lawyer and -

I will do a deposition.
Then Mrs De Rosa got
your number from Charlie
Mitchell because for
months she kept calling Ed
Wykoffski and leaving him
2 phone numbers that he
could call me at and all so
my PO BOX.
Mrs. De Rosa has a lump in
her left breast and needs
surgery.

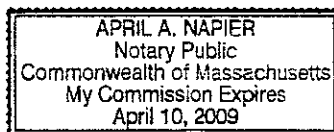
Frances De Rosa
Rosalie De Rosa

Frances De Rosa

Franco De Rosa, appeared before me
this 5th day of September, 2002.



April Napier





Federal Occupational Health

a component of the US Public Health Service
Department of Health and Human Services



DFOH, Occupational Health
United States Courthouse,
Rm. 3410
1 Courthouse Way
Boston, Mass. 02210

April 19, 2004

In addition to services already provided by your agency, the following services are now offered to you at your FOH Health Unit.

(See attached " FOH Personal Agreement " form with those blood tests being offered.)

You need only to call in advance to schedule an appointment. Checks for services rendered are to be made out to the Department of Veterans Affairs Medical Center.

A personal check, cashiers check or money order is acceptable.

Thank You.

Nancy Mucciaccio, R.N.

A handwritten signature in cursive script, reading 'Nancy Mucciaccio, R.N.', written in black ink.

healthy bodies

sound minds

a safe place to work

FOH Personal Agreement

In accordance with, and under the authority of Section 301 of P.L. 104-262 and Section 8153 of Title 38, the VA North Texas Health Care System (VANTHCS) agrees to provide _____ (insert your name) (hereinafter referred to as the buyer) with the following: The test(s) indicated below.

BUYER TO PROVIDE: Buyer to provide the specimen, and payment in accordance with the schedule set forth below.

PRICING: Employees of FOH may select any of the below listed tests:

- | | |
|--|--------|
| a. Blood Type: ABO RH | \$3 |
| b. Prostate Specific Antigen | \$15 |
| c. Lipid Panel: Total Cholesterol, HDL Cholesterol, Triglycerides | \$3.50 |
| d. Comprehensive Metabolic: | \$3 |
| Chemistry Panel: Glucose, Urea Nitrogen (BUN), Creatinine, BUN Creatinine ratio, Sodium, Potassium, Chloride, Carbon dioxide, Calcium, Total Protein, Albumin, Globulin, Albumin Globulin ratio, Total Bilirubin, Alkaline Phosphatase, Aspartate Aminotransferase (AST) | |

FOH is not liable for any claims under this agreement. The buyer is an independent party, and the VANTHCS is independent.

TERM OF AGREEMENT: The initial term of this agreement shall be from date of execution until the specimen result is reported.

LIABILITY: VA, as a department of the Federal Government, is a self-insurer. VA employees performing work under a sharing contract pursuant to 38 U.S.C. 8152 are covered by the Federal Tort Claims Act, and therefore not required to carry malpractice insurance.

INDEPENDENT CONTRACTORS: For the purpose of this agreement and all services to be provided hereunder, the parties shall be, and shall be deemed to be independent contractors and not agents or employees of the other party. Neither party shall have authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing.

NOTICES: Any notices required by this agreement shall be in writing and shall be deemed to have been duly given (i) upon delivery if delivered by hand; (ii) three days subsequent to mailing if mailed by certified or registered mail; postage prepaid; or (iii) when transmitted if sent by telecopier or electronic mail, provided that a written acknowledgment of receipt is transmitted back to the sender by the recipient, addresses as indicated in this agreement.

GOVERNING LAW: This contract shall be governed, construed, and enforced in accordance with Federal Law.

CONTRACT DISPUTES: All disputes arising under or relating to this contract shall be resolved in accordance with this clause.

As used herein, "claim" means a written demand or assertion by one of the parties seeking, as a legal right, the payment of money, adjustment or interpretation of contract terms, or other relief, arising or relating to this contract.

Any controversy or claim arising out of or relating to this contract on behalf of the buyer shall be presented initially to the contract administrator for consideration. The Contracting Officer shall furnish a written reply on the claim to the buyer.

In the event the parties cannot amicably resolve the matter, any controversy or claim arising out of or relating to this contract, or breach thereof, shall be settled by arbitration at the VA Board of Contract Appeals in accordance with procedures set forth in the Alternative Means of Dispute Resolution, VA Directive 7433, and the Administrative Dispute Resolution Act of 1996, and judgment upon any award rendered by the Arbitrator(s) may be entered into any Court having jurisdiction thereof.

Any claim by the buyer must be presented no later than 30 calendar days after termination, or final expiration of the contract, whichever occurs earlier, otherwise buyer forfeits its right(s) to relief.

MARKETING: The buyer shall not advertise or use any marketing material, logs, trade names, service marks, or other material belonging to the VA without the VA's consent.

ORDERING INSTRUCTIONS: Please select the desired test(s) below and make payment for the total amount using a personal check, cashiers check, or money order.

- | | |
|---|---------|
| a. <input type="checkbox"/> Blood type: ABO RH | \$3.00 |
| b. <input type="checkbox"/> Prostate Specific Antigen | \$15.00 |
| c. <input type="checkbox"/> Lipid Panel | \$3.50 |
| d. <input type="checkbox"/> Comprehensive Metabolic | \$3.00 |

TOTAL \$ _____

ACCEPTED FOR VA



Barbara Giddens
Contracting Officer

Date _____

ACCEPTED FOR THE BUYER

Date _____